

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

REQUIREMENTS AND LIMITS APPLICABLE TO SPECIFIC SERVICES:  
EXPANDED PRENATAL CARE SERVICES (REFERENCE 20.c)

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Provide coverage and reimbursement of additional prenatal care services.

- A. Comparability of Services: Services are not comparable in amount, duration and scope. Authority of §9501(b) of COBRA 1985 allows an exception to provide service to pregnant women without regard to the requirements of §1902(a)(10)(B).
- B. Definition of Services: Expanded prenatal care services will offer a more comprehensive prenatal care services package to improve pregnancy outcome. The expanded prenatal care services provider may perform the following services:

1. Patient Education Includes 6 classes of education for pregnant women in a planned, organized teaching environment including but not limited to topics such as body changes, danger signals, substance abuse, labor and delivery information, and courses such as planned parenthood, Lamaze, smoking cessation, and child rearing.

Instruction must be rendered by Medicaid certified providers who have appropriate education, license, or certification.

2. Homemaker Includes those services necessary to maintain household routine for pregnant women, primarily in third trimester, who need bed rest. Services include, but are not limited to, light housekeeping, child care, laundry, shopping, and meal preparation.

Must be rendered by Medicaid certified providers.

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| 3. | <u>Nutrition</u>  | <p>Includes nutritional assessment of dietary habits, and nutritional counseling and counseling follow-up. All pregnant women are expected to receive basic nutrition information from their medical care providers or the WIC Program.</p> <p>Must be provided by a Registered Dietitian (R.D.) or a person with a master's degree in nutrition, maternal and child health, or clinical dietetics with experience in public health, maternal and child nutrition, or clinical dietetics.</p> |
| 4. | <u>Blood Glucose Meters</u>                                       | <p>Effective on and after July 1, 1993, blood glucose test products shall be provided when they are determined by the physician to be medically necessary for pregnant women suffering from a condition of diabetes which is likely to negatively affect their pregnancy outcomes. The women authorized to receive a blood glucose meter must also be referred for nutritional counseling. Such products shall be provided by Medicaid enrolled durable medical equipment providers.</p>      |
| 5. | <u>Residential SA Treatment for Pregnant and Postpartum Women</u> | <p>Includes comprehensive, intensive residential treatment for the pregnant and postpartum woman, to improve pregnancy outcomes by eliminating the substance abuse problem. Must be provided consistent with standards established to assure high quality of care in Attachment 3.1-C.</p>  |

This service shall provide intensive intervention services in residential facilities, other than inpatient facilities, and shall be provided to pregnant and postpartum women (up to 60 days postpartum) with serious substance abuse disorders, for the purposes of improving the pregnancy outcome, treating the substance abuse disorder, strengthening the maternal relationship with existing children and the infant, and achieving and maintaining a sober and drug free lifestyle. The woman may keep her infant and other dependent children with her at the treatment center. The daily rate is inclusive of all services which are provided to the pregnant woman in the program. A unit of service shall be one day. The maximum number of units to be covered for one adult in her lifetime is 330 days of continuous service, not to exceed 60 days postpartum. The lifetime limit may only be provided during one course of treatment. These services must be reauthorized every 90 days and after any absence of less than 72 hours which was not first authorized by the program director. The program director must document the reason for granting permission for any absences in the clinical record of the recipient. An unauthorized absence of more than 72 hours shall

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terminate Medicaid reimbursement for this service. Unauthorized hours absent from treatment shall be included in this lifetime service limit. This type of treatment shall provide the following types of services or activities in order to be eligible to receive reimbursement by Medicaid:

- (a) Substance abuse rehabilitation; counseling and treatment must include, but not necessarily be limited to, education about the impact of alcohol and other drugs on the fetus and on the maternal relationship; smoking cessation classes (if needed); relapse prevention to recognize personal and environmental cues which may trigger a return to the use of alcohol or other drugs; and the integration of urine toxicology screens and other toxicology screens, as appropriate, to monitor intake of illicit drugs and alcohol and provide information for counseling;
- (b) Training about pregnancy and fetal development shall be provided at a level and in a manner comprehensible by the participating women to include, but not be necessarily limited to, the impact of alcohol and other drugs on fetal development; normal physical changes associated with pregnancy as well as training in normal gynecological functions; personal nutrition; delivery expectations; and infant nutrition;
- (c) Initial and ongoing assessments specifically for substance abuse, including, but not limited to, psychiatric and psychological assessments;
- (d) Symptom and behavior management as appropriate for co-existing mental illness, including medication management and ongoing psychological treatment;
- (e) Personal health care training and assistance. Such training shall include:
  - (1) educational services and referral services for testing, counseling, and management of HIV, provided as described in 42 U.S.C. §300x-24(b)(6)(A) and (B), including early intervention services as defined in 42 U.S.C. §300x-24(b)(7), and in coordination with the programs identified in 45 C.F.R. §96.128;
  - (2) educational services and referral services for testing, counseling, and management of tuberculosis, including tuberculosis services as described in 42 U.S. C. §300x-24(a)(2) (1992), and in coordination with the programs identified in 45 C.F.R. §96.127; and
  - (3) and education services and referral services for testing, counseling,

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and management of hepatitis.

- (f) Case coordination with providers of primary medical care, including obstetrical/gynecological services for the recipient;
- (g) Training in decision-making, anger management and conflict resolution;
- (h) Extensive discharge planning, in collaboration with the recipient, any appropriate significant others, as well as representatives of appropriate service agencies.

6. Day SA Treatment for Pregnant and Postpartum Women Includes comprehensive, intensive, day treatment for the pregnant and postpartum woman, to improve pregnancy outcomes by eliminating the substance abuse problem. Must be provided consistent with the standards established to assure high quality of care in Attachment 3.1-C.

This service shall provide intensive intervention services at a central location lasting two or more consecutive hours per day, which may be scheduled multiple times per week, to pregnant and postpartum women (up to 60 days postpartum) with serious substance abuse problems for the purposes of improving the pregnancy outcome, treating the substance abuse disorder, and achieving and maintaining a sober and drug free lifestyle. The pregnant woman may keep her infant and other dependent children with her at the treatment center. One unit of service shall equal two but no more than 3.99 hours on a given day. Two units of service shall equal at least four but no more than 6.99 hours on a given day. Three units of service shall equal seven or more hours on a given day. The lifetime limit on this service shall be 440 units in a twelve month period. The lifetime limit may only be provided during one course of treatment. Services must be reauthorized every 90 days and after any absence of 5 consecutive days from scheduled treatment without staff permission. More than two episodes of 5 day absences from scheduled treatment without prior permission from the program director, or one absence exceeding 7 days of scheduled treatment without prior permission from the program director, shall terminate Medicaid funding for this service. The program director must document the reason for granting permission for any absences in the clinical record of the recipient. Unauthorized hours absent from treatment shall be included in the lifetime service limit. In order to be eligible to receive Medicaid payment, the following types of services shall be provided:

- (a) Substance abuse rehabilitation, counseling and treatment, including education about the impact of alcohol and other drugs on the fetus and on the maternal relationship, smoking cessation classes (if needed); relapse prevention to recognize personal and environmental cues which may trigger a return to the

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- use of alcohol or other drugs; and the integration of urine toxicology screens and other toxicology screens, as appropriate, to monitor behavior and provide information for counseling;
- (b) Training about pregnancy and fetal development shall be provided at a level and in a manner comprehensible by the participating women to include, but not necessarily be limited to, the impact of alcohol and other drugs on fetal development; normal physical changes associated with pregnancy; as well as training in normal gynecological functions; personal nutrition; delivery expectations; and infant nutrition;
- (c) Initial and ongoing assessments, specifically for substance abuse, including psychiatric and psychological assessments.
- (d) Symptom and behavior management as appropriate for co-existing mental illness, including medication management, and ongoing psychological treatment;
- (e) Personal health care training and assistance. Such training shall include:
- (1) Educational services and referral services for testing, counseling, and management of HIV, provided as described in 42 U.S.C. §300x-24(b)(6)(A) and (B), including early intervention services as defined in 42 U.S.C. §300x-24(b)(7), and in coordination with the programs identified in 45 C.F.R. §96.128;
  - (2) Educational services and referral services for testing, counseling, and management of tuberculosis, including tuberculosis services as described in 42 U.S. C. §300x-24(a)(2) (1992), and in coordination with the programs identified in 45 C.F.R. §96.127; and
  - (3) Educational services and referral services for testing, counseling, and management of hepatitis.
- (f) Case coordination with providers of primary medical care, including obstetrics and gynecology services for the recipient;
- (g) Training in decision-making, anger management and conflict resolution;
- (h) Extensive discharge planning, in collaboration with the recipient, any appropriate significant others, as well as representatives of appropriate services agencies.

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- C. Qualified Providers: (1) Any duly enrolled provider which the Department determines to be qualified who has signed an agreement may provide expanded prenatal care services. The qualified providers will provide prenatal care services regardless of their capacity to provide any other services under the Plan; (2) Providers of substance abuse treatment services must be licensed and approved by the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS). Substance abuse services providers shall be required to meet the standards and criteria established by DMHMRSAS.

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